

May 10, 2011

Los Angeles County Board of Supervisors

TO:

Supervisor Michael D. Antonovich, Mayor

Supervisor Gloria Molina

Supervisor Mark Ridley-Thomas Supervisor Zev Yaroslavsky Supervisor Don Knabe

Zev Yaroslavsky Third District

Mark Ridley-Thomas

Gloria Molina

First District

Second District

t FROM:

Mitchell H. Katz, M.D. 🗸

Director

Don Knabe Fourth District

Michael D. Antonovich SUBJECT:

RECOMMENDATION FOR DELEGATED AUTHORITY TO EXECUTE AMENDMENTS TO PUBLIC/PRIVATE PARTNERSHIP PROGRAM HEALTH CARE SERVICES AGREEMENTS TO INCLUDE PRE-IMPLEMENTATION

AND TRAINING FOR USE OF MENTAL HEALTH INTEGRATED CARE TREATMENT MODEL IN PRIMARY

CARE SETTINGS AS REQUIRED FOR THE

CALIFORNIA 1115 WAIVER

(Board Agenda Item A-4, May 10, 2011)

Mitchell H. Katz, M.D.

John F. Schunhoff, Ph.D. Chief Deputy Director

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

On November 2, 2010, California Department of Health Services (CDHS) and Centers for Medicare and Medicaid (CMS) entered into a new 1115 Waiver, commonly known as the California Bridge to Reform, for a five year period, commencing November 1, 2010. This Waiver provides the framework to federal Health Care Reform in 2014 for Medicaid Coverage Expansion (MCE) enrollees who are adults, ages 19-64, with incomes at or below 133% of the Federal Poverty Level (FPL) and who meet citizenship or legal residence requirements. The Waiver will provide health care coverage expansion, continued partial funding of public hospitals' uncompensated costs, new funding for delivery system improvements at public hospitals, Medi-Cal Managed Care for Seniors and Persons with Disabilities, and federal matching funds for various State-only funded programs.

On December 14, 2010, your Board authorized the Department of Health Services (DHS) to submit action items related to the 1115 Waiver to your Board on a standing agenda item designated as A-4. This report provides information on a collaboration between the Department of Mental Health (DMH) and DHS to implement the Low Income Health Plan, one of the components of the 1115 Waiver, by offering pre-implementation and training to Public/Private Partnership (PPP) providers so that they can implement a mental health integrated care treatment model in their primary care settings. In addition, I am requesting your Board's approval of delegated authority to amend the current PPP Program Health Care Services Agreements to include the scope of work for pre-implementation and training activities.



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BEHAVIORAL/MENTAL AND PHYSICAL HEALTH SERVICES INTEGRATION

A key component of the 1115 Waiver is reforming the health care delivery system, focusing on innovation and redesign to expand primary care and medical homes. Infrastructure development is necessary to increase the primary care capacity to serve the MCE enrollees. One aspect to the Patient-Centered Medical Home model is to integrate behavioral/mental and primary care services.

To support this requirement, DMH will utilize Mental Health Services Act, Prevention and Early Intervention Program funding to reimburse the PPPs who will send qualified staff to the training workshops. DHS administers the current PPP Program Health Care Services Agreements with the PPPs and amending agreements with interested PPPs will enable DMH to provide training sessions to the PPPs who currently offer mental health services and may be offered a direct contract with DMH in Fiscal Year 2011-12.

Under the proposed agreement amendment, PPPs may identify and assign qualified staff to attend the Improving Mood-Promoting Access to Collaborative Treatment ("IMPACT") training workshops. IMPACT is an evidence based model for the treatment of individuals with mental health problems in the primary care settings and it will be utilized by the PPPs. Any PPPs wishing to enter into a subsequent agreement with DMH for the delivery of specialty mental health services in primary care settings, are required to complete the IMPACT training workshops.

RECOMMENDATION

It is recommended that your Board delegate authority to the Director of Health Services, or his designee, to:

Execute amendments to PPP Program Health Care Services Agreements with interested PPPs, effective upon your Board's approval, to add pre-implementation and training activities for use of a mental health integrated care treatment model in primary care settings and enable DMH reimbursement to participating PPPs in a total amount not to exceed \$80,000 for all participants.

If you have any questions or need additional information, please contact me or your staff may contact John Schunhoff, Ph.D., Chief Deputy Director at (213) 240-8370.

MHK:JFS:kh

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Mental Health